

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2003

DAWSONHOUSINGAUTHORITY

Dawson,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)I     STOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
AgencyIdentification**

**PHAName:** DawsonHousingAuthority

**PHANumber:** TX249v01

**PHAFiscalYearBeginning:(mm/yyyy)** 10/03

**PHAPlanContactInformation:**

Name:JillHall

Phone:254 -578-1406

TDD:

Email(ifavailable):dawsonha@airmail.net

**PublicAccess to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered :**

Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**AnnualPHAPlan**  
**FiscalYear2003**  
[24CFRPart903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

<b>Contents</b>	<b><u>Page#</u></b>
<b>Annual Plan</b>	
i. Executive Summary (optional)	3
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	3
3. Demolition and Disposition	N/A
4. Homeownership: Voucher Homeownership Program	N/A
5. Crime and Safety: PHDEP Plan	N/A
6. Other Information:	
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	7
<b>Attachments</b>	
X Attachment A: Supporting Documents Available for Review	7-10
X Attachment B: Capital Fund Program Annual Statement	11-16
X Attachment C: Capital Fund Program 5 Year Action Plan	17-25
Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
X Attachment D: Resident Membership on PHA Board or Governing Body	32
X Attachment E: Membership of Resident Advisory Board or Boards	33
X Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	34
X Other (List below, providing each attachment name)	
X Attachment G: Component 3, (6) Deconcentration and Income Mixing	35
X Attachment H: Voluntary Conversion Initial Assessments	36
X Attachment I: Performance and Evaluation Report	37-46

## **ii.ExecutiveSummary**

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Optional

## **1.Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Dawson Housing Authority had updated the Pet Policy and is in the process of re-evaluating Flat Rents. In compliance with EID Policy.

## **2.Capital Improvement Needs**

[24CFRPart903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 78,521.00

C. ☒ Yes: Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment B

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment C

## **3.D Demolition and Disposition**

[24CFRPart903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## **2. Activity Description**

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

#### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A. X No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$  
\_\_\_\_\_
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment \_\_\_\_\_

## **6. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) E

3. In what manner did the PHA address those comments? (select all that apply)

XX The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

☐ Yes ☐ No: below or

Yes at the end of the RAB Comments in Attachment F

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

State of Texas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

No change has been made to the 5 -year plan at this time.

#### **B. Significant Amendment or Modification to the Annual Plan:**

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any Increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

2001 CFP and 2002 CFP are on schedule and will be completed on time.

### **Attachment A** **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources



List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement service for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  ; check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**ATTACHMENTB****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapital FundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:DawsonHousingAuthority	GrantTypeandNumberTX21P24950103 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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☐ OriginalAnnualStatement
 ☐ ReserveforDisasters/Emergencies
 ☐ RevisedAnnualStatement(revisionno:      )

☐ PerformanceandEvaluationReportforPeriodEnding:
 ☐ FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	TotalNon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements	2,000.00			
4	1410Administration	4,500.00			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	16,049.00			
8	1440SiteAcquisition				
9	1450SiteImprovement	15,530.00			
10	1460DwellingStructures	35,578.00			
11	1465.1DwellingEquipment — Nonexpendable	4,864.00			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementRe serve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	<b>\$78,521.00</b>			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

**ATTACHMENTB****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:DawsonHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P24950103 CapitalFundProgram Re placementHousingFactor#:				<b>FederalFYofGrant:</b> 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX249-001								
249-001-1	Replacesidewalks	1450		6,027.00				
	<b>SUBTOTAL</b>	<b>1450</b>		<b>\$6,027.00</b>				
249-001-2	Replaceinteriordoorswithnew	1460		4,320.00				
249-001-3	Makeunit sreadytorent	1460		2,631.00				
	<b>SUBTOTAL</b>	<b>1460</b>		<b>\$6,951.00</b>				
249-001-4	Purchaserangesandrefrigerators	1465		1,820.00				
	<b>SUBTOTAL</b>	<b>1465</b>		<b>\$1,820.00</b>				
	<b>TX249-001TOTAL</b>			<b>\$14,798.00</b>				

**ATTACHMENTB**  
**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName:DawsonHousingAuthori ty		GrantTypeandNumber CapitalFundProgram#: TX21P24950103 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionof MajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX249-002								
249-002-1	ReplaceSidewalks	1450		9,503.00				
	SUBTOTAL	1450		\$9,503.00				
249-002-1	Replaceexistingstorageroomdoors withnew	1460		5,670.00				
249-002-1	Replaceinteriordoorthwithnew	1460		10,010.00				
	SUBTOTAL	1460		\$15,680.00				
249-002-1	Purchaserangesandrefrigera tors	1465		1,930.00				
	SUBTOTAL	1465		\$1,930.00				
	TX249-002TOTAL			\$27,113.00				

## PartII:SupportingPages

[illegible]

**ATTACHMENTB****AnnualStatement/PerformanceandEvaluationReport****CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)****PartII:SupportingPages**

PHAName:DawsonHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24950103 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX249-HA								
249-HA-1	ProvidefundsfortrainingforExecutive Director	1408		2,000.00				
	SUBTOTAL	1408		\$2,000.00				
249-HA-2	Providefundsforontechnicalhelp	1410		3,700.00				
249-HA-3	Providefundsforsundryitems	1410		800.00				
	SUBTOTAL	1410		\$4,500.00				
249-HA-4	Hireanonsiteinspector	1430		3,027.00				
249-HA-5	Hireanarchitecttodevelopplansand specifications	1430		9,222.00				
249-HA-6	Providefundsforreproduction	1430		800.00				
249-HA-7	Hireaconsultanttoassistwithannual plan	1430		3,000.00				
	SUBTOTAL	1430		\$16,049.00				
	HAWIDENEEDSTOTAL			\$22,549.00				



## PartIII:Im plementationSchedule

[illegible]

## CapitalFundProgramFive -YearActionPlan

### PartI:Summary

PHADawsonHousingAuthority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatement forYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
	Annual Statement				
TX249-001		27,846.00	12,486.00	18,041.00	18,041.00
TX249-002		15,752.00	22,156.00	13,307.00	13,307.00
TX249-003		12,374.00	10,093.00	14,685.00	14,685.00
TX249-HA		22,549.00	33,786.00	32,488.00	32,488.00
CFPFundsListedfor 5-yearplanning		<b>\$78,521.00</b>	<b>\$78,521.00</b>	<b>\$78,521.00</b>	<b>\$78,521.00</b>
ReplacementHousing FactorFunds					

# CapitalFundProgramFive -YearActionPlan

## PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX249-001	Replace/Repair Sidewalks	10,210.00	TX249-001	Makeunitsreadytorent	10,666.00
Statement		Makeunitsreadyto rent	7,266.00		Purchaserangesand refrigerators	1,820.00
		Purchaserangesand refrigerators	1,820.00			
		Provideforlandscaping	4,250.00			
		Installnewhardware, weatherstripping, thresholds,andre -key exteriordoors	4,300.00			
TotalCFPEstimatedCost			\$27,846.00			\$12,486.00

## PartII:SupportingPages —WorkActivities

SmallPHAPlanUpdatePage 19

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>	TX249-002	Replaceallbathroom vanitieswithnew includingfixtures	7,224.00	TX249 -002	Repair/Replace Sidewalks	13,830.00
Statement		Makeunitsreadytore nt	2,616.00		Makeunitsreadytorent	3,846.00
		Purchaserangesand refrigerators	2,930.00		Purchaserangesand refrigerators	1,180.00
		Installnewhardware, weatheringstripping, thresholds,andre -key allexteriordoors	2,982.00		Repairorreplace bathroomtileandor surroundfiberglasstub insertincludingfixtures asneeded	3,300.00
TotalCFPEstimatedCost			\$15,752.00			\$22,156.00

# CapitalFundProgramFive -YearActionPlan

## PartII:SupportingPages —WorkActivities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See Annual Statement	TX249 -002	Installnewhardware, weatherstripping, thresholds,andre -key allexteriordoors	2,982.00	TX249 -002	AccessibilityStanda rds –Providean accessibilityroutethat connectsallpartof everyfacility;Wideall sidewalks	13,307.00
		Addnewinsulationin attics	3,000.00			
		Installnewcentralheat andairconditioning	5,003.00			
		Makeunitsreadytorent	1,392.00			
		Purchaserangesand refrigerators	930.00			
TotalCFPEstimatedCost			\$13,307.00			\$13,307.00

# CapitalFundProgramFive -YearActionPlan

## PartII:SupportingPages —WorkActivities

Activitiesfor YearI	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWork Categories	EstimatedC ost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX249-003	Replaceinteriordoors withnew	1,210.00	TX249-003	Repairorreplace bathroomtileand/or surroundfiberglassstub insertincludingfixtures asneeded	6,845.00
Statement		Replaceallbathroom vanitieswithnew includingfixtures	7,145.00		Makeunitsreadytorent	2,134.00
		Makeunitsreadytorent	2,905.00		Purchaserangesand refrigerators	1,114.00
		Purchaserangesand refrigerators	1,114.00			
TotalCFPEstimatedCost			\$12,374.00			\$10,093.00

# CapitalFundProgramFive -YearActionPlan

## PartII:SupportingPages —WorkActivities

Activitiesfor Year1	Activitiesfo rYear:4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear:5 FFYGrant:2007 PHAFY:2007		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See						
Annual	TX249 -003	Install newhardware, weatherstripping, thresholds,andre -key allexteriordoorso	2,343.00	TX249 -003	AccessibilityStandards –Providean accessibilityroutethat connectsallpartof everyfacility;Wideall sidewalks	14,685.00
Statement		Addnewinsulationi n attics	3,000.00			
		Installnewcentralheat andairconditioning	5,000.00			
		Makeunitsreadytorent	680.00			
		Purchaserangesand refrigerators	1,114.00			
		Providefundsfor landscaping	2,548.00			
TotalCFPEstimatedCost			\$14,685.00			\$14,685.00



CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2005 PHAFY:2005		
	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	EstimatedCost
<b>See</b>						
<b>Annual</b>	TX249 -HA	Providefundsfor trainingforExecu tive Director	2,000.00	TX249 -HA	Providefundsfor trainingforExecutive Director	2,000.00
Statement		Providefundsfornon technicalhelp	3,700.00		Providefundsfornon technicalhelp	3,700.00
		Providefundsforsundry items	800.00		Providefundsfor sundry items	800.00
		Hireanonsiteinspector	3,027.00		Hireanonsiteinspector	3,027.00
		Hireanarchitectto developplansand specifications	9,222.00		Hireanarchitectto developplansand specifications	9,222.00
		Providefundsfor reproduction	800.00		Providefundsfor reproduction	800.00
		Hireaconsultantto assistwithannualplan	3,000.00		Hireaconsultantto assistwithannualplan	3,000.00
					Enlargeofficetoinclude acomunity/board room	11,237.00
TotalCFPEst imatedCost			\$22,549.00			\$33,786.00

Capital Fund Program Five - Year Action Plan

**Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year: 4 FFY Grant: 2006 PHAFY: 2006			Activities for Year: 5 FFY Grant: 2007 PHAFY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	TX249 -HA	Provide funds for training for Executive Director	2,000.00	TX249 -HA	Provide funds for training for Executive Director	2,000.00
Statement		Provide funds for non technical help	3,700.00		Provide funds for non technical help	3,700.00
		Provide funds for sundry items	800.00		Provide funds for sundry items	800.00
		Hire an on-site ins pector	3,027.00		Hire an on-site inspector	3,027.00
		Hire an architect to develop plans and specifications	9,222.00		Hire an architect to develop plans and specifications	9,222.00
		Provide funds for reproduction	800.00		Provide funds for reproduction	800.00
		Hire a consultant to assist with annual plan	3,000.00		Hire a consultant to assist with annual plan	3,000.00
		Purchase office equipment	5,000.00		Purchase/Upgrade office equipment	9,939.00
		Enlarge office to include a community/board room	4,939.00			
Total CFPEstimated Cost			\$32,488.00			\$32,488.00

# PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

## **Section 1: General Information/History**

**A. Amount of PHDEP Grant** \$ \_\_\_\_\_

**B. Eligibility type** (Indicate with an “x”) **N1** \_\_\_\_\_ **N2** \_\_\_\_\_ **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

<b>PHDEP Target Areas (Name of development(s) or site)</b>	<b>Total # of Units within the PHDEP Target Area(s)</b>	<b>Total Population to be Served within the PHDEP Target Area(s)</b>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

## **Section 2: PHDEP Plan Goals and Budget**

### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

### **B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY ____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	

9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -Drug Prevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

### C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.E achgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationi nshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9115 -SpecialInitiative</b>						<b>TotalPHDE PFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTA Match</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherF unding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



## Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Karon Avenius

B. How was the resident board member selected: (select one)?

☐ Elected

☒ Appointed

C. The term of appointment is (include the date term expires): 2/25/2002 Until 10/1/03

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 10/1/03

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor, Ms. Yvonne Woods

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Gloria Wells

Dorothy Youngblood

Vickie Campbell

Requested new floors and new bathroom vanities.

**Attachment F:      EXPLANATION OF PHA RESPONSE TO COMMENTS OF  
RESIDENT ADVISORY**

Jill Hall, Executive Director stated that the floors were in fair condition and they would be refinished.

Bathroom vanities will be added in the 2003 plan for Project 003.

## **ATTACHMENT G: Deconcentration and Income Mixing**

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

**ATTACHMENTH:VOLUNTARYCONVERSIONINITIALASSESSMENTS**

- A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitial Assessments. Project001andProject002
- B. HowmanyofthePHA’sdevelopmentsarenotsubj ecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?Project003
- C. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments? One“CHAS”Report
- D. IdentifyPHAdevelopments thatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:

DevelopmentName	NumberofUnits

- E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestat useof theseassessments.

Conversionatthistimewouldhaveadverseaffectontheavailabilityofaffordable housinginourcommunityatthistime.

<b>ATTACHMENT I Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Dawson Housing Authority		Grant Type and Number TX21P24950102 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	5,000.00			
4	1410 Administration	4,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,049.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	55,472.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	1,500.00			
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$78,521.00</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

ATTACHMENTI	
AnnualStatement/PerformanceandEvaluationReport	
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR	HF)
PartII:SupportingPages	

ATTACHMENTI	
AnnualStatement/PerformanceandEvaluationReport	
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR	HF)
PartII:SupportingPages	

<b>ATTACHMENTI</b>	
<b>AnnualStatement/PerformanceandEvaluationReport</b>	
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR</b>	<b>HF)</b>
<b>PartII:SupportingPages</b>	

ATTACHMENTI	
AnnualStatement/PerformanceandEvaluationReport	
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR	HF)
PartII:SupportingPages	

<b>ATTACHMENTI</b>	
<b>AnnualStatement/PerformanceandEvaluationReport</b>	
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR</b>	<b>HF)</b>
<b>PartII:SupportingPages</b>	

**ATTACHMENT I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: Dawson Housing Authority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P24950102 Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b> 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX249-002								
249-002-1	Replace existing windows throughout each unit with new double pane insulated windows	1460	14	22,344.00				
	<b>SUBTOTAL</b>	<b>1460</b>		<b>\$22,344.00</b>				
	<b>TX249-002 TOTAL</b>			<b>\$22,344.00</b>				



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

SmallPHAPlanUpdatePage 40

**ATTACHMENT I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: Dawson Housing Authority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P24950102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX249-HA								
249-HA-1	Provide funds for training for Executive Director	1408		2,000.00				
249-HA-2	Hire a consultant to assist with Annual Plan	1408		3,000.00				
	<b>SUBTOTAL</b>	<b>1408</b>		<b>\$5,000.00</b>				
249-HA-3	Provide funds for non technical help	1410		3,700.00				
249-HA-4	Provide fund sundry items	1410		800.00				
	<b>SUBTOTAL</b>	<b>1410</b>		<b>\$4,500.00</b>				
249-HA-5	Hire a non site inspector	1430		3,027.00				
249-HA-6	Hire an architect to develop plans and specifications	1430		8,222.00				
249-HA-7	Provide funds for reproduction	1430		800.00				
	<b>SUBTOTAL</b>	<b>1430</b>		<b>\$12,049.00</b>				
249-HA-8	Install carpet in office	1470		1,500.00				
	<b>SUBTOTAL</b>	<b>1470</b>		<b>\$1,500.00</b>				
	<b>HAWIDENEEDSTOTAL</b>			<b>\$23,049.00</b>				

**ATTACHMENT I****Annual State ment/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHAName: Dawson Housing Authority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P24950102 Capital Fund Program Replacement Housing Factor#:					<b>Federal FY of Grant:</b> 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX249	9/30/04			9/30/05			

<b>ATTACHMENT I Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Dawson Housing Authority		Grant Type and Number TX21P24950101 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	3,800.00	5,000.00		
4	1410 Administration	3,500.00	3,500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,849.00	13,049.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	54,081.00	55,681.00		
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment		3,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$80,230.00</b>	<b>\$80,230.00</b>		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENT I****Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName:DawsonHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P24950101 CapitalFundProgr amReplacement HousingFactor#:				FederalFYofGrant: 2001		
Development Number	GeneralDescriptionofMajorWork Categories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
TX249-001								
249-001-1	Replaceexistingwindowsthroughouteachunit withnewdoublepaneinsulatedwindows	1460	30	31,737.00	0.00			
249-001-2	Removekitchencabin etintheirentiretyand replacewithnewwoodcabinetsincluding countertops.Stainlesssteelsinksandfixtures	1460	2	0.00	10,325.00			
	SUBTOTAL	1460		\$31,737.00	\$10,325.00			
	TX249-001TOTAL			\$31,737.00	\$10,325.00			

**ATTACHMENT I Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName:DawsonHousingAuthority		<b>Grant Type and Number</b> CapitalFundProgram#: TX21P24950101 CapitalFundProgramReplacementHousing Factor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
249-HA-1	Hireaconsultanttoassistin annualplan	1408		2,000.00	3,000.00			
249-HA-2	Purchasesoftwareforc omputer	1408		8,000.00	0.00			
249-HA-3	ProvidetrainingforExecutive Director	1408		1,000.00	2,000.00			
	<b>SUBTOTAL</b>	<b>1408</b>		<b>\$3,800.00</b>	<b>\$5,000.00</b>			
249-HA-4	Providefundsforontechnical help	1410		2,700.00	2,700.00			
249-HA-5	Providefundsforsundry items	1410		800.00	800.00			
	<b>SUBTOTAL</b>	<b>1410</b>		<b>\$3,500.00</b>	<b>\$3,500.00</b>			
249-HA-6	Testforunitsforasbestosand leadbasedpaint	1430		5,800.00	0.00			
249-HA-7	Hireanonsiteinspectortoover seeconstruction	1430		2,027.00	2,027.00			
249-HA-8	Hirea narchitecttodevelopplans andspecifications	1430		10,222.00	10,222.00			
249-HA-9	Providefundsforreproduction	1430		800.00	800.00			
	<b>SUBTOTAL</b>	<b>1430</b>		<b>\$18,849.00</b>	<b>\$13,049.00</b>			
249-HA-10	Purchasecomputer	1475		0.00	3,000.00			
	<b>SUBTOTAL</b>	<b>1475</b>			<b>\$3,000.00</b>			
	<b>HAWIDENEEDTOTAL</b>			<b>\$26,149.00</b>	<b>\$24,549.00</b>			

<b>ATTACHMENT I</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Dawson Housing Authority			<b>Grant Type and Number</b> Capital Fund Program#: TX21P24950101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX249	12/31/03			12/31/04			